

City of Rocky Mount
Inspection Services
Plumbing
Permit Application
Fee Type (Non-Residential)

Applicant Name			Date
Project Address		Subdivision	
Developer		Telephone	
Property Owner		Telephone	
Plumbing Contractor		State License #	
Address			
City	State	Zip Code	Telephone
Project Supervisor			Telephone
Description of Work (Detailed)			
Type of work (check all that apply)	<input type="checkbox"/> Sewer Connection	\$11.00	<input type="checkbox"/> Water Cooler
<input type="checkbox"/> Water Closet	<input type="checkbox"/> Floor Drains	\$11.00	<input type="checkbox"/> Sterilizer
<input type="checkbox"/> Urinals	<input type="checkbox"/> Garbage Disposal	\$11.00	<input type="checkbox"/> Dental Unit
<input type="checkbox"/> Lavatory	<input type="checkbox"/> Dishwasher	\$11.00	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Sink	<input type="checkbox"/> Washing Machine	\$11.00	<input type="checkbox"/> Sprinkler Heads
<input type="checkbox"/> Bathtub	<input type="checkbox"/> Electric Water Heater	\$11.00	\$ 1.25 ea.
<input type="checkbox"/> Shower Stall	<input type="checkbox"/> Gas Water Heater (up to 199K)	\$45.00	(Fire Protection)
<input type="checkbox"/> Lawn Sprk Backflow	<input type="checkbox"/> Gas Connection	\$26.00	
<input type="checkbox"/> Water Connection	<input type="checkbox"/> Additional Connection	\$15.00 ea.	
Minimum Fee \$ 65.00		Failure to Obtain Permit \$ 250.00	Re-inspection Fee \$ 75.00
After Hours Inspection Fee \$ 75.00 per hr. (two hr.min.)			
<div style="text-align: right; margin-right: 50px;">Total Fees</div>			

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is not an authorization to begin work. **Work may only commence after approval and issuance of the permit.**

Owner/Applicant Signature

(Do not write below this line. For office use only)

Received by _____ Approved by _____ Date Approved _____

Revised 7/06